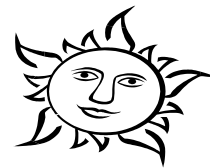




State of Nevada
ENERGY ASSISTANCE APPLICATION



The **Energy Assistance Program (EAP)** is designed to help eligible Nevada households with heating and electric costs.

EAP also provides assistance to eligible households with special circumstances:

- **Fast Track** – an expedited application process for emergencies like energy shut-offs;
- **Crisis Intervention** – assists households whose gross income exceeds the limit, except that an allowable expense reduces the income to, or below, the income guideline limit;
- **Arrearage Assistance** – one-time assistance to help a household bring past due charges on their heating and/or electric bill(s) current. Arrearage Assistance available only to homes receiving services from **Nevada Power, Sierra Pacific Power, Southwest Gas, or the cities of Boulder City, Caliente, Fallon or Pioche.** (See Section C. of application.)

*** INCOME REQUIREMENTS ***

The total gross monthly income of all household members may not exceed 150% of poverty as shown in the chart below.

YOUR HOUSEHOLD'S GROSS MONTHLY INCOME MAY NOT EXCEED:					
Household Size	Monthly Income	Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,163.75	4	\$2,356.25	7	\$3,548.75
2	1,561.25	5	2,753.75	8	3,946.25
3	1,958.75	6	3,151.25	9	4,343.75
Add \$397.50 for each additional person.					

*** BENEFITS ***

Eligible households receive an annual one-time per year benefit, called a “fixed annual credit,” paid directly to their energy provider. The benefit shows as a credit on the bill.

MINIMUM PAYMENT – Eligible households whose fixed annual credit results in a benefit of zero to \$179, receive the minimum payment of \$180 for the year.

*** WHEN TO APPLY ***

- ➔ If your family is not currently on the program, apply **NOW**.
- ➔ If you received a benefit during the past 12 months, an application will automatically be mailed to you. Those reapplying before their 12 months of benefits have expired will be denied.

*** WHAT DO I NEED? ***

Complete an EAP application and supply the documentation noted in red on the form. Suggested income verifications are noted on the back of this page. To get answers to other questions, call:



Reno/Carson City (775) 684-0730
Las Vegas (702) 486-1404
Toll Free 1-(866)-846-2009

Visit our website at: www.nevadaenergyconnection.nv.gov for more information on the program requirements.

REQUIRED PROOF OF INCOME DOCUMENTATION EXAMPLES

1099 and W-2 forms are unacceptable proof of income

All documentation sent with your application can be either originals or photocopies. If you cannot photocopy the originals, our office will be happy to copy the material and send it back after your case is processed, if you request the originals back.

Earned Income: Need copies of check stubs for the **last thirty (30) days**. If paid weekly – 4 check stubs; paid bi-weekly or semi-monthly – 2 check stubs. A signed and dated statement on letterhead from your employer stating your gross income for the last thirty (30) days and how often you get paid, e.g., weekly, bi-weekly, semi-monthly, is acceptable if you don't have check stubs.

Earned income includes: income from **babysitting, house cleaning, and other odd jobs**. The person you work for must state your pay amount, how often you are paid, and include their name, address and phone number.

Unearned Income: Unearned income includes **Social Security, SSI, Veterans Benefits, pensions, disability income, military income, unemployment, child support, alimony, interest income, dividends, regular insurance or annuity payments**. Provide copies of checks, benefit verification form or award letter from the entity providing the income, or a complete copy of the most recent bank statement showing the automatic deposit (identify the source of each deposit). The benefit verification should be for the current year showing any cost of living raise. Child support/alimony income: copy of divorce decree/separation/settlement agreement, or dated letter from person paying the support (to include name, address and phone number), or copy of last check/statement from child support enforcement agency. Interest income/dividends: bank account statements, certificates of deposit, etc., if contains details and signed by financial institution; or broker's quarterly statement showing earnings.

Recurring Gifts and/or Support: Signed statement by the person providing the money on a regular basis, which indicates the amount of support, how often it is paid, and when the arrangement began; or dated and signed statement by the applicant identifying the name(s), address(es), and phone number(s) of the donor(s).

Student Income: Includes **ALL educational scholarships and grants, e.g., PELL, BEOG, SSIG and Veteran's Administration educational benefits**. Need written confirmation of amount of assistance, and educational institution's written confirmation of cost of the student's tuition, fees, books and equipment for prior two semesters. If benefits are paid directly to the student, copies of the latest benefit checks or cancelled checks for prior two semesters and copies of canceled checks or receipt for tuition, fees, books and equipment. Include summer school if this applies as well.

Self-Employment Income: The best thing to do is call the office and discuss what is needed in advance. Administration of or income from a non-profit organization is included under self-employment income. Profit and loss statements signed by the applicant detailing gross income and expenses during the last thirty (30) days, copy of sales tax statement showing gross net proceeds, audited or unaudited financial statements, or a loan application listing income and expenses for the last thirty (30) days are also acceptable verifications.

Public Assistance Income: Public agency's written statement with amount paid during the last month, the time frame covered, and the beneficiaries of aid; or, copy of award letter; or copy of check.

DEPARTMENT OF HUMAN RESOURCES
ENERGY ASSISTANCE PROGRAM
 1470 East College Parkway, Carson City, Nevada 89706-7924
 (775) 684-0730 • FAX (775) 684-0740 • Statewide Toll Free: 1-(866)-846-2009

ENERGY ASSISTANCE APPLICATION
2004 – 2005 (July 1, 2004 – June 30, 2005)

Please complete every section and answer each question. Sign the application and the Rights and Obligations form. Failure to complete all sections and questions and/or sign the application and, Rights and Obligations, OR provide the requested documentation noted on the application in red, will delay processing your application and may result in denied assistance.

A. APPLICANT/CASE NAME

Social Security Number	Applicant's Name (Last, First, MI)	
Mailing Address (Street/Apt #)	City/Zip Code	
Energy Service Address (Street/Apt #)	City/Zip Code	
()	()	()
Home Telephone Number	Work Telephone Number	Message Telephone Number

B. DWELLING INFORMATION

1. Dwelling Type: <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Studio <input type="checkbox"/> Mobile Home <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Rent Room <input type="checkbox"/> Motel/Hotel Other: _____	
2. Dwelling Cost (Attach Proof): Rent \$ _____ <input type="checkbox"/> Buy/Own \$ _____ <input type="checkbox"/> Space Rent \$ _____ Renters: Provide complete copy of current rent or lease agreement. Buyers: Provide copy of mortgage statement or coupon.	
3. Landlord, Project/Complex, Mortgage Company Name: _____ Address: _____ Telephone No.: () _____	
4. Do you reside in subsidized housing where heating and electric are included in the rent? <input type="checkbox"/> YES <input type="checkbox"/> NO	

C. UTILITY INFORMATION

HEATING SERVICE (Attach Copy of Bill) Check primary heating source: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ Check one that applies: <input type="checkbox"/> Receive bill from utility company <input type="checkbox"/> Heating service included in rent/mortgage <input type="checkbox"/> Pay separate bill to landlord for heating service	ELECTRIC SERVICE (Attach Copy of Bill) Check one that applies: <input type="checkbox"/> Receive bill from utility company <input type="checkbox"/> Electric service included in rent/mortgage <input type="checkbox"/> Pay separate bill to landlord for electric service
(Heating Company Name)	(Electric Company Name)
(Heating Account Number)	(Electric Account Number)
(Name On Account)	(Name On Account)
Is this your landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If this person is NOT your landlord and does not live with you, provide their address, telephone number and relationship to you, on a separate piece of paper.)</i>	Is this your landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If this person is NOT your landlord and does not live with you, provide their address, telephone number and relationship to you, on a separate piece of paper.)</i>
Do you have past due charges with your heating service? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, do you want assistance to pay this debt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have past due charges with your electric service? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, do you want assistance to pay this debt? <input type="checkbox"/> YES <input type="checkbox"/> NO

ALERT - If your heating and/or electric vendor **IS NOT** Southwest Gas, Sierra Pacific Power or Nevada Power Company, you need to provide proof of the last 12 months of usage in dollars and *therm, watts and/or gallons* for your current energy service address. This can be done by going to your vendor and requesting the information or providing a copy of all your bills for each utility for the past 12 months. Any receipts for alternate energy sources such as propane, wood pellets, kerosene, etc., are also required. If we do not have this information, it can delay the processing of your application until this information is received.

D. HOW DO YOU WANT YOUR BENEFIT PAID?

You can choose how you want your benefits paid: Lump Sum Single Payment One Vendor Heating **or** Electric; Lump Sum **50/50 Split** Heating and Electric Vendor. If your heating/cooling is **all electric**, that vendor will receive a lump sum benefit. (MARK ONLY ONE)

☐ Split my benefit between my heating and electric vendor.

☐ Pay my entire benefit to my heating vendor.

☐ Pay my entire benefit to my electric vendor.

If you choose a single payment to one vendor and your benefit exceeds your annual usage for that vendor, your benefit will be paid to that vendor to cover your annual usage and the remaining benefit paid to the secondary vendor.

Complete the following for every person in the home, **including** yourself (attach additional page if necessary).

E. HOUSEHOLD INFORMATION

Name (Last, First, Middle) (Jr., Sr., III)	Relation- ship to You	S E X M/F	Date of Birth dd/mm/yyyy	A G E	U.S. Citizen Or Eligible *Non- citizen		Native American		Disabled		Social Security Number
					Yes	No	Yes	No	Yes	No	
Applicant:	SELF										

List the names of non-citizen household members authorized as legal residents of the United States:

Provide copies of the front and back of their I-688 (Temporary Resident Card) or I-551 (Resident Alien Card) with this application.

F. INCOME**1. EARNED INCOME**

Does any member of the household work? ☐ YES ☐ NO (Include child care, housecleaning, odd jobs, and non-profit organization income)
If YES, complete the following:

NAME OF PERSON WORKING	EMPLOYER	TYPE OF WORK (Carpenter, Waitress)	GROSS PAY PER CHECK	HOW OFTEN PAID	TIPS PER MONTH

List all household members (of working age) who are not currently employed:

NAME OF PERSON	FORMER EMPLOYER	DATE LAST WORKED	GROSS PAY PER CHECK	DO YOU EXPECT RE-EMPLOYMENT? PENDING SSI? If YES, explain.

Attach copies of all check stubs or other proof of gross earned income for the last thirty (30) days even if the person no longer is employed. Eligibility is determined on gross income for the thirty (30) days prior to application. 1099s and W-2s are not acceptable proof of income.

If the household's expenses (e.g., rent/utilities) are more than income, please explain how you are able to pay rent, buy food, etc. If someone is helping with your bills, how much help did you receive each month during the last six (6) months and from whom (list each individual, name, address, telephone)?

2. UNEARNED INCOME

Complete the following, indicating who, if anyone, receives money or benefits from the following sources.

Attach proof of all unearned income. 1099s and W-2s are unacceptable proof of current income.

YES	NO	INCOME TYPE	WHO RECEIVES	AMOUNT	HOW OFTEN
		Social Security (includes disability, retirement, survivor benefits)			
		Supplemental Security Income (SSI)			
		Temporary Assistance for Needy Families (TANF)			
		Unemployment Insurance Benefit (UIB)			
		Alimony			
		Child Support			
		Church / Charitable Contribution			
		Contributions / Gifts			
		County Assistance / General Assistance			
		*Educational Assistance			
		Foster Care Payments			
		Interest / Dividends / Annuities			
		Loans			
		Lump Sum Payments (settlements/back payments)			
		Military Income / Allotment			
		Non-Profit Organization Income			
		Panhandling			
		Pensions / Retirement			
		Railroad Retirement			
		Rent / Payment from Property / **Roomers or Boarders			
		Royalties			
		Self-Employment Income			
		Supported Living Arrangement (SLA)			
		Temporary Disability Income			
		Tribal Assistance / IGA			
		Trust Income			
		Strike Benefits			
		Veterans Benefits			
		Workers Compensation			
		Other (please identify)			

*** Attach proof of tuition, books and supplies for prior TWO semesters.**

**** Attach proof of roomer/boarder rental or lease agreement.**

3. List the name(s) of anyone in the household who is on Medicare:

4. Is anyone in the household receiving Food Stamps? ☐ YES ☐ NO (for statistics only)

5. Do you expect any changes in the household's income or benefits? ☐ YES ☐ NO

If YES, what?

When?

G. RESOURCES/ASSETS

List all resources you now have. Check all that apply.

☐ None

- | | | |
|---|--|---|
| <input type="checkbox"/> Savings Accounts | <input type="checkbox"/> Trust Funds | <input type="checkbox"/> Keogh Accounts (401K) |
| <input type="checkbox"/> Checking Accounts | <input type="checkbox"/> Individual Retirement Accounts (IRA) | <input type="checkbox"/> Christmas Club |
| <input type="checkbox"/> Credit Union Accounts | <input type="checkbox"/> Individual Indian Money Accounts (IIMA) | <input type="checkbox"/> Certificates of Deposit (CD) |
| <input type="checkbox"/> Business Checking Accounts | <input type="checkbox"/> Other Houses, Land or Buildings | <input type="checkbox"/> Other Account Types |
| <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Promissory Notes or Contracts | <input type="checkbox"/> Life Insurance Policies |
| <input type="checkbox"/> Other _____ | | |

Owner(s)	Name and Address of Resource Institution	Resource Types	Account/Policy Number	Amount Value	Amount Owed

H. SIGNATURE

I hereby authorize any investigation concerning me and other household members necessary to determine eligibility for benefits received or to be received under programs administered by the Nevada State Welfare Division. I hereby authorize and consent to the release of any and all information confidential by law or otherwise privileged under NRS 422.290 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. I acknowledge that a reproduced copy of this authorization legally constitutes an original copy. I consent that the Nevada State Welfare Division or its representatives may survey my energy usage, advise vendors of assistance grants, and status at the time of certification. If my eligibility/benefit determination was based on inaccurate or incomplete information that resulted in my household receiving benefits to which we were not entitled, it is my responsibility to repay the benefits of the Energy Assistance Program and I may be subject to criminal prosecution. I authorize the Energy Assistance Program to release information about my household, to include energy usage information, to the State of Nevada Housing Division, Weatherization Assistance Program, for possible eligibility in weatherizing my residence. I have read and understand the "Rights and Obligations" form and I realize that I must give complete and accurate information. Persons found guilty of intentionally violating program rules will be ineligible for program participation for one (1) year for the first violation, two (2) years for the second violation, and permanently barred from the program for the third violation.

I SWEAR EVERY ANSWER IS TRUE.

Signature of Applicant: _____ Date: _____

I. HELP US BETTER SERVE OTHERS

How did you hear about the Energy Assistance Program? Check one that most applies:

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Friend | <input type="checkbox"/> Previous EAP Participant | <input type="checkbox"/> Other Please identify _____ |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Landlord | <input type="checkbox"/> Received Notice in Mail | |
| <input type="checkbox"/> Print Media | <input type="checkbox"/> Utility Company (flyer or employee) | <input type="checkbox"/> Social Service Employee | |

DID YOU REMEMBER TO:

- ***Sign the application?***
- ***Attach proof of ALL EARNED and UNEARNED income?***
- ***Attach copies, receipts, or printout of the last twelve (12) months for both your heating and electric vendors? (if not Sierra Pacific Power Co., Nevada Power Co., or Southwest Gas Corp.)***
- ***Attach a current rental/lease agreement or mortgage statement?***
- ***Education (proof of ALL assistance for prior TWO semesters)?***
- ***Attach copies of resident alien status cards?***

WE NEED ALL THE ABOVE TO PROCESS YOUR APPLICATION TIMELY.

Nevada State Welfare Division
ENERGY ASSISTANCE PROGRAM
NOTICE OF RIGHTS AND OBLIGATIONS
1470 East College Parkway, Carson City, Nevada 89706-7924
(775) 684-0730 or 1-(866)-846-2009

A. You have the following RIGHTS:

1. No person will be discriminated against for any reason, i.e., race, age, color, religion, sex, disability, handicap [including AIDS and AIDS-related conditions], political belief or national origin, in any program administered by the Nevada State Welfare Division. Violations of discrimination shall be promptly reported to the nearest Energy Assistance Program office, the Nevada State Welfare Division administrator, 1470 East College Parkway, Carson City, Nevada 89706-7924, (775) 684-0500, the U.S. Office for Civil Rights (OCR), Department of Health and Human Services, 50 United Nations Plaza, San Francisco, California 94102, (415) 437-8310, TDD (415) 437-8311 or by calling toll free 1-800-368-1019.
2. You have the right to a conference if you believe you have been unfairly treated or a mistake has been made concerning your eligibility for assistance. To request a conference, write or call the Energy Assistance Program
3. You have the right to a hearing if you are not satisfied with the agency's action affecting your assistance if you request the hearing, in writing, within ninety (90) days of the agency's action / decision, unless the sole issue for the agency's action/decision is one of state or federal law requiring automatic benefit adjustment. You have the right to a hearing if your application for benefits is denied, reduced, acted upon erroneously, or not acted upon with reasonable promptness.
4. You have the right to a mailed notice of decision telling you if you are eligible for program benefits and in what amount, to whom payments will be made, and the approximate payment date(s); **or** a notice informing you that you are not eligible for program benefits and why.
5. Program staff is required to:
 - Inform applicants of the eligibility requirements for the program;
 - Counsel on required documents; and/or
 - Provide assistance to the applicant, when needed.

B. You have the following OBLIGATIONS:

1. Notify the Energy Assistance Program **within ten (10) working days** of any of the following. Failure to do so may delay processing your application, or result in denial of benefits or a reduction in benefits.
 - Any change in your household income **or** household size (number of people residing in the household);
 - If you change utility companies; or
 - If you move anytime after submitting your application.
2. Respond to any requests for additional information needed to process your application **within ten (10) working days**. It is your responsibility to ensure the requested materials are mailed or faxed early enough to meet the deadline provided to you. The Energy Assistance Program is not responsible for lost or misdirected mail.
3. Cooperate with the Energy Assistance Program in its efforts to secure all information necessary to determine eligibility or benefits.

C. SPECIAL NOTE:

1. If you are applying for the Energy Assistance Program, you may receive help with your heating and/or electric bills. But remember, you must keep paying your bills when they are due. If you do not pay them, the company can charge more money for paying late. The utility company can even turn off your service and you may be required to pay a deposit before they will turn your service on again. ***If you cannot pay your bill, contact the utility company and try to make payment arrangements.***
2. Persons found guilty of intentionally violating program rules will be ineligible for program participation for one (1) year for the first violation, two (2) years for the second violation, and permanently barred from the program for the third violation.

My signature below indicates I understand the Rights and Obligations as an applicant for the Energy Assistance Program.

Applicant/Recipient

Date